

Country Results Profile September 2024 Release **Explanatory Notes**

FINANCES: What resources were available to support the national program in the past years?

OUTCOME: How many people received the treatment and prevention services that they need?

IMPACT: What is the trend among people who continue to fall ill or die? (actual and hypothetical in the absence of program)

The Country Results Profile is presented as a complement to the Global Fund, technical partners and countries' own reports. The overall purpose of the Country Results Profile is to provide Global Fund stakeholders with a summary overview of key contextual financing data, outcome and impact in a results chain form. The aim is to facilitate exploration of trends in results and impact for High Impact countries based on the available resources.

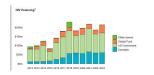
Historical investments by funding source (2012-2023)

Global Fund Investments 2020-2022 Allocation period: Disease (HIV, TB or malaria) disbursements: \$XXm

Summarises Global Fund investments at a high level for two past allocation cycles (2017-2019 and 2020-2022)

- Disbursement amounts are disbursements by allocation cycle. Disbursements are captured up to September 2024. GF C19RM disbursement is not included.

 • For the purpose of these statements, TB/HIV disbursements are reflected on both TB and HIV pages of the profile.



twelve years

Source: Data submitted by the country as part of their Funding Request for 2020-22 allocation period; GF detailed budge data. These data sources contain a mix of historical figures and projections.

Investment by funding source and intervention (202x-202x)



The purpose of Overview of Financing Available (2021-2023 for most country profilios) mekko chart is to provide an indicative overview of funding available in major Program Areas as submitted to the Global Fund. The data is updated as funding requests of each allocation cycle are being approved.

Program Areas composing <5% of total grant budgets are not displayed but are listed in the table , up to a maximum of 8 areas

Souce: Data submitted by the country as part of their Funding Request for the 2020-2022 and/or 2023-2025 adlocation period, depending on the country disease component; GF detailed budget data. These data contain a mix of historical figures and projections.

Outcomes and coverage data for treatment and prevention

For each disease, the Global Fund results (2023) are provided as published for the Global Fund Results Report 2024 Global Fund results are derived using the methodology and measures as outlined by the Global Fund Results Report Methodology, available at



r each disease, key outcome and coverage graphs are provided, based generally on Technical Partner (WHO or UNAIDS) data.

 To provide a picture of recent trends the most recent data is included (darker coloured bar), plus 2012 or the closest available year (lighter coloured bar) • To you was puture or recent trems me most recent and is included (planter clouwed bar), plus 2012 or the closest available year (lighter colouwed bar) in addition, for exidyon, the grey be show relevant tragers there available. Generally, where Clobal I read from this binstal Target (from performance frameworks) are available, these are displayed (Sources UNAIOS 2025 ADC Targets, at attract/ledstargets2025, unaisks, or, accessed on September 18, 2024; WHO The End TB Strategy, at https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy, accessed on September 18, 2024;

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Specific notes HIV/AIDS Country Results Profile

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- Coverage and outcome data are taken from UNADS 2024 release, AIDSinto online https://debinfo.unisids.org (accessed on September 18, 2024)

- In the HIV fasting and treatment causade chart, only UNADS targets are displayed. The demonstrator for each step is the same: all people living with HIV.

The targets reflect UNADS 559-955 targets as each target erpress 555 of the target in the previous step of the causade.

Number of people on ART 2020 result is available at Global Fund programmatic results data at https://data.theglobalfund.org/results/all (accessed on

September 18, 2024); when unavailable, the above UNAIDS data is used.

september 10, 2024), when unavailable, the above formula value is used.

Male circumstonia data is sourced from DHS surveys at https://www.tatcompiler.com/en/ (accessed on September 18, 2024)

• Key populations knowledge of status data is derived from sub-national surveys. The geographical coverage of the most recent survey is generally available.

Definitions and acronyms for HIV

PMTCT - Prevention of mother-to-child transmission of HIV

PMICI - Prevention of mother-to-chi
 ART - Antiretroviral therapy
 SW - Sex workers
 MSM - Men who have sex with men

PWID - People who inject drugs

M (15+) - Male adults (15+) for ART coverage graph
 F (15+) - Female adults (15+) for ART coverage graph

<15 - Children (0-14) for ART coverage graph

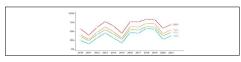
Specific notes TB Country Results Profile

Coverage and outcome data are taken from WHO Global tuberculosis report 2023 https://www.who.int/teams/global-tuberculosis-programme/tb

Definitions and acronyms for TB TB treatment coverage is the percentage of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among

Bacteriologically confirmed pulmonary TB cases tested for rifampicin resistance - New cases, calculated for pulmonary cases only

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 - Section object in our form explainment in seas tested for frampoin resistance. New case, sciousities for purmonary cases only.
 - Outcomes for TB treatment success (Successfully reseted, lost to follow-up. Treatment failed, Not evaluated, Deed)
 - Outcomes for TB treatment access (Successfully reseted, lost to follow-up. Treatment failed, Not evaluated, Deed)
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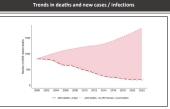
Coverage and outcome data are taken from World malaria report 2023, WHO Global Malaria Programme data tables <a href="http://www.who.int/heams/global-malaria-programme/reports/world-mal

on September 18, 2024)

Parasitologically tested among suspected malaria cases - Reported malaria cases tested (microscopy slides or RDT performed) as a propotion of

Households with one ITN per two persons and/or sprayed in last 12 months denotes households with at least one insecticide-treated mosquito net (ITN) for every two persons and/or indoor residual spraying (IRS) in the past 12 months data is taken from WHO data

Received ACT - Children with fever in last 2 weeks who received an Artemisinin-combination therapies (ACT) among those who received any antimalarial



For each disease, mortality and morbidity trends are plotted against a counterfactual trend agreed with WHO or UNAIDS. In addition the rate of change in deaths and new infections or cases is calculated since 2000 (start of scaling up of programs) and 2012

Counterfactual scenarios are plotted to show the impact of no. or highly limited program interventions since 2000 where applicable

HIV burden mid-point estimates from UNAIDS 2024 release. See AIDSinfo online link in outcome and coverage section
 Counterfactual scenario is no Antiretroviral therapy and no prevention estimated by Goals, or AEM models

Other specific notes T8

TB burden mid-point estimates from WHO Global Tuberculosis Report 2023. See link in outcome and coverage section.

sterfactual scenario is no TB control since 2000

Other specific notes Malaria • Malaria burden mid-point estimates from WHO World Malaria Program 2023 release.

Counterfactual scenario is no malaria control since 2000
 Malaria species percentage from WHO World Malaria Program 2023 release



The fourth column presents the Global Fund investments in RSSH as for the last two funding The fourth column presents the GNOWN FLOW investments in RSSH as for the last two funding cycles – NFM 2 and NFM 3. The RSSH investments are statified by compoent. And if there are HRH investments, these are further stratigied. RSSH investments are either direct system investments, or contributory

system investments, or contributory invesmente through diseases specifici invesmntes., where
• Direct RSSH investments: interventions that support national systems for health that benefit multiple disease-control programs. These investments can be included either in crosscutting modules of disease grants, or in standcutting modules of disease grants, or in stand-alone RSSH grants. The programmatic contents of these two are all the same. Examples include: improving quality of services, quality of data, strengthening national drug regulatory agencies,

scaling-up pre-service training of health workforce and others • Contributory RSSH Investment through disease: investments in HIV, TB and malaria that

also contribute to support health systems in order to ensure effective and efficient delivery of respective disease programs. They are primarily focused on a single disease outcomes Examples include: scaling up service delivery for ART, improving lab infrastructure for tuberculosis, ensuring pharmaceutical product quality for malaria and others.

The RSSH results profile is based on the following components of the Universal Health Coverage (UHC) index: reproductive, maternal and newborn and child health, coverage of essential health services, health expenditure, and service capacity and access. Coverage of essential health services is focused on equity of anetnematic are related to HIV and malaria. For each country, to show the trend and relative performance, each indicator is presented as a time series from 2000, along wayshin, for comparison to countries within the same income bracket. Where an indicator was lacking, an empty plot is shown. Again, for comparison with other countries within the same income bracket, the percentage of countries (wtihin the same income bracket) that have data for that indicator is also provided.